

1. CIR/DIST. CODE TNW	2. PERSON REPRESENTED Peters, Freddie	VOUCHER NUMBER FIL 05			
3. MAG. DKT/DEF. NUMBER 4. DIST. DKT/DEF. NUMBER 2:02-020027-001		5. APPEALS DKT/DEF. NUMBER FIL	6. OTHER DKT. NUMBER BNG		
7. IN CASE/MATTER OF (Case Name) U.S. v. Peters		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) 1) 18 287.F -- FALSE OR FRAUDULENT CLAIMS		10. REPRESENTATION TYPE (See Instructions) Other PH 12: 4			
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Durand, Kemper 29th Floor, One Commerce Sq. 40 South Main St. Memphis TN 38103-5529		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel			
Telephone Number: (901) 525-6722		Prior Attorney's Name: _____ Appointment Date: _____			
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)		<p>Signature of Presiding Judicial Officer or By Order of the Court 04/22/2005</p> <p>Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Nunc Pro Tunc Date</p>			
15. CATEGORIES (Attach itemization of services with dates)					
15. a. Arraignment and/or Plea		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(Rate per hour = \$ )		TOTALS:			
16. a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ )		TOTALS:			
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____					
20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION				21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.					
Signature of Attorney: _____ Date: _____					
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR / CERT					
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE	28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.		30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE	34a. JUDGE CODE

This document entered on the docket sheet in compliance  
with Rule 55 and/or 32(b) FRCrP on 3/2/05

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# Notice of Distribution

This notice confirms a copy of the document docketed as number 120 in case 2:02-CR-20027 was distributed by fax, mail, or direct printing on May 12, 2005 to the parties listed.

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Linda N. Harris  
U.S. ATTORNEY'S OFFICE  
167 N. Main St.  
Ste. 800  
Memphis, TN 38103

Honorable J. Breen  
US DISTRICT COURT